



# **NEIGHBORHOOD ASSOCIATION REGISTRATION**

## **PLEASE RETURN FORM TO:**

NEIGHBORHOOD SERVICES DIVISION

*City of El Paso, Community and Human Development Department*

801 Texas Ave., 3<sup>rd</sup> flr

El Paso, Texas 79901

Ph: 915-212-1682 or Email: [webermc@elpasotexas.gov](mailto:webermc@elpasotexas.gov)

## **CHECK LIST:** (Include the following materials with this Registration form)

- ☐ Copy of signed by-laws (statement of purpose, method for election of officers and term, duties and responsibilities of officers)
  - ☐ Copy of membership list of 15 or more individuals (15 separate households including names and addresses)
  - ☐ Copy of map of geographic boundaries (Neighborhood Services can assist in making the map)
  - ☐ Copy of signed E-mail Release Consent form
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## **DATE:**

### **1. Name of the Neighborhood Association:**

### **2. City Representative District the Neighborhood Association is located in:**

District:

### **3. General Location of the Neighborhood Association:**

(Indicate boundaries of the neighborhood – street names or physical landmarks)

North:

East:

South:

West:

### **4. Neighborhood Association Contacts to Receive City Notices:** (Email provided is solely for the purpose of communicating with the City of El Paso electronically. It is confidential under State Law unless you affirmatively give consent in writing for public release. You may provide affirmative consent at the end of this document under "Email Release Consent".)

#### **First Point-of-Contact**

Name:

Position (Officer or General Member):

Mailing Address:

Zip Code:

Phone Number(s):

E-Mail Address:

#### **Second Point-of-Contact**

Name:

Position (Officer or General Member):

Mailing Address:

Zip Code:

Phone Number(s):

E-Mail Address:

**5. Elected Officers/Board Members of the Neighborhood Association:**

(Include titles and attach additional page, if needed)

Name:

☐ President ☐ Coordinator ☐ Captain ☐ Director ☐ Other

Name:

☐ Vice-President ☐ Co-Coordinator ☐ Co-Captain ☐ N/A

Name:

☐ Secretary ☐ N/A

Name:

☐ Treasurer ☐ N/A

Name:

☐ Other

**6. How long has the Neighborhood Association been in existence?**

(Date of first meeting)

**7. Where and when does the Neighborhood Association usually meet?**

☐ Monthly ☐ Quarterly ☐ Annual ☐ Other:

Location:

Day of calendar month: (ex: 1<sup>st</sup> Mondays of the month)

**8. If the Neighborhood Association has a web site, please list it below:**

**9. Statement of Purpose for the Neighborhood Association:**

**10. If the Neighborhood Association has neighborhood/community priorities on which to concentrate, please list those priorities:**

(Attach additional page, if needed)

I affirm that the association for which this application is being submitted meets the criteria for recognition status identified in Section 2.102.030(A) of the City of El Paso Municipal Code.

\_\_\_\_\_  
Signature of association president/chairperson

\_\_\_\_\_  
Date

## Email Release Consent

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I, \_\_\_\_\_, (*Printed Name of 1<sup>st</sup> Contact of Neighborhood/Civic Association*)  
affirmatively consent to the release of my email address, which is listed below, by the City of El Paso,  
Texas, until such time as further written notice is provided to the Neighborhood Services Division.

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Email Address

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Signed Signature

Date

**Alternatively, by electronic consent:**

☐ By checking this box, I affirmatively consent to the release of my email address.

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I, \_\_\_\_\_, (*Printed Name of 2<sup>nd</sup> Contact of Neighborhood/Civic Association*)  
affirmatively consent to the release of my email address, which is listed below, by the City of El Paso,  
Texas, until such time as further written notice is provided to the Neighborhood Services Division.

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Email Address

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Signed Signature

Date

**Alternatively, by electronic consent:**

☐ By checking this box, I affirmatively consent to the release of my email address.